



**Texas Department of Insurance**  
**Division of Workers' Compensation**  
Medical Fee Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

Requestor Name and Address:  PEDRO MONTANO, MD P.O. BOX 6582 MC ALLEN, TX 78504	MFDR Tracking #: M4-11-3824-01
	DWC Claim #:
	Injured Employee:
	Date of Injury:
Respondent Name and Carrier's Austin Representative Box #:  STATE OFFICE OF RISK MANAGEMENT Box #: 45	Employer Name:
	Insurance Carrier #:

### PART II: REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary from Table of Disputed Services: "The original bill was submitted timely."

Amount in Dispute: \$550.00

### PART III: RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Based on review of the medical bill submissions in question it appears the original billing was in fact received within 95 days from the date services were rendered. However the Office was unable to process the medical bill due to lack of provider payee identification information with the State of Texas Comptroller's Office. Since the Comptroller's office did not have record of this health care provider in their vendor maintenance system the Office was unable to process the medical bill and was forced to return the bill to the provider with a request for a W-9 form to be completed. On 11/15/2010 the Office contacted Virginia with the provider's office and left a message for a return call to discuss the payee identification problem. The office received a subsequent submission of the provider's billing and W-9 form with the payee information attached on 11/18/2010. However, upon further review it was found that the payee information on the W-9 form did not match Box 33 on the CMS 1500. Since the provider's payee identification information did not match the bill it was again returned to the provider with an explanation of what was needed to process the medical bill. It was not until 04/20/11 that the Office finally received a clean claim from this provider which was 148 days from the date the Office originally requested the payee information. An audit was performed and the medical bill was denied based on timely filing since a clean claim was not received within 95 days from the date of service and/or request for corrected information.

**Response Submitted by:** State Office of Risk Management, P.O. Box 13777, Austin, TX 78711

### PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
09/02/2010	99456 W5 WP	\$500 MMI/IR examination	\$550.00	\$550.00
	99456 SP	\$50 MMI specialty area specialists' report(s)		
			<b>Total Due:</b>	\$550.00

### PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### Background

1. 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Tex. Admin. Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.

3. 28 Tex. Admin. Code §133.2 states the definitions for words and terms used in Chapter 133.
4. 28 Tex. Admin. Code §133.10 sets out the procedures for required billing forms/formats to be used by a healthcare provider.
5. 28 Tex. Admin. Code §134.204 sets out the reimbursement guidelines for Workers' Compensation Specific Services.
6. 28 Tex. Admin. Code §102.4 sets out the rules for Non-Commission Communications.
7. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
8. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
9. 28 Tex. Admin. Code §133.240 sets out the procedures for Medical Payments and Denials.

Explanation of benefits 05/03/11

- 29-The time limit for filing has expired.
- Per Rule 133.20; A health care provider shall not submit a medical bill later than the 95<sup>th</sup> day after the date the services are provided.
- No record of previous submission of bill dated 9/2/10 from this provider.

Explanation of benefits dated 6/6/11

- 29-The time limit for filing has expired.
- 164- Claim/Service adjusted because the attachment referenced on the claim was not received in a timely fashion.
- Original payment decision is being maintained. This claim was processed properly the first time.
- Per Rule 133.20; A health care provider shall not submit a medical bill later than the 95<sup>th</sup> day after the date the services are provided. Audit stands.
- The attached SORM letter return to provider of request Tax-ID/W-9 information for processing was dated on 10/14/10. There was no reply or resubmission w/information being obtained/received within 95 days from SORM 10/14/10 letter and/or from date of services billed.

### **Issues**

1. Did the requestor submit the medical bill for the services in dispute timely and in accordance with 28 Tex. Admin. Code §133.20?
2. Does the submitted documentation support the services billed under CPT codes 99456-W5-WP and 99456-SP?
3. Is the requestor entitled to reimbursement?

### **Findings**

1. Pursuant to 28 Tex. Admin. Code §133.20(b) states in pertinent part "Except as provided in Labor code §408.0272...a health care provider shall not submit a medical bill later than the 95<sup>th</sup> day after the date the services are provided." No documentation was found to support that §408.0272 applies to the service in dispute, for that reason, the requestor in this dispute was required to send the medical bill no later than 95 days after the service in dispute was provided. 28 Tex. Admin. Code §102.4(h) states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus 5 days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."
2. Review of the documentation submitted by the requestor finds three copies of the medical bill for DOS 09/02/10 with printed date 09/08/10 in box 31, copy of four letters from Respondent requesting that the Requestor submit a W-9 form(Request for Taxpayer Identification Number and Certification).
3. In accordance with 28 Tex. Admin. Code §133.20 and per Version 2.0 of Texas Clean Claim and Electronic Medical Billing and Payment Workers' Compensation Companion Guides all required sections of the bill were completed by the Requestor when bill was initially submitted to the Respondent. Therefore, per 28 Tex. Admin. Code §133.240, the Division concludes that the Respondent inappropriately returned the bill to the Requestor as an incomplete bill.
4. In accordance with Tex. Lab. Code Ann. § 408.027 documentation submitted by the requestor in this medical fee dispute supports that a complete medical bill was submitted for payment to the Respondent within 95 days after the date on which the health care services were provided to the injured employee. Services will therefore, be reviewed per 28 Tex. Admin. Code §134.204.
5. Documentation submitted by the Requestor supports services billed. Reimbursement is recommended per 28 Tex. Admin. Code §134.204 (i-k).

### Conclusion

For the reasons stated above, the division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$550.00.

### **PART VI: ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$550.00 plus applicable accrued interest per Division rule at 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

**08/25/2011**

\_\_\_\_\_  
Date

### **PART VII: YOUR RIGHT TO REQUEST AN APPEAL**

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Texas Administrative Code §148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**